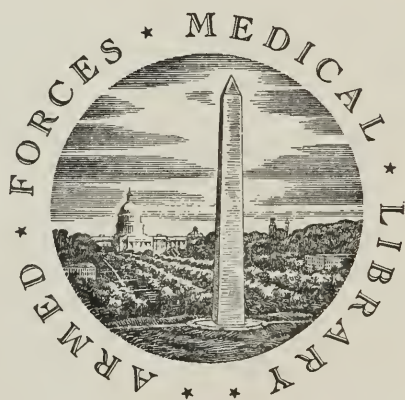




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# REMARKS

ON

THE EMPLOYMENT OF FEMALES

AS PRACTITIONERS

IN

MIDWIFERY.

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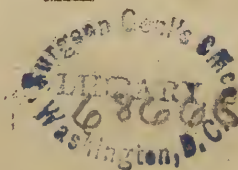
BY A PHYSICIAN.

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*Amos B. 14*



## REMARKS.

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THE attention of the public having been lately turned to the subject of the employment of females as accoucheurs, has led to some discussion among the faculty and others with regard to the safety and expediency of introducing them into the practice of midwifery instead of physicians. There is, perhaps, no place of equal size, in which this branch of medical practice has been so entirely confined to male practitioners, as in this town. This circumstance having rendered it more difficult to come at the facts on this subject, it has been thought desirable that some statement should be made to enable the public to judge with fairness and impartiality. The circumstances, which would render females agreeable and most desirable as attendants in these cases, are obvious to every one, but the objections to their employment are of a nature not so immediately perceived, except by physicians and those conversant in the practice of midwifery; and since one side of the case, from its very nature, is clearly before the public and can and does have its influence, it seems right that the opposite should be so stated and explained, as to have its fair counteracting operation,

and give the public an opportunity to judge impartially of the merits of the case.

The question is, can the practice of midwifery be carried on with equal safety by female as by male practitioners? This is the only question which ought fairly to be considered, for no one can deny that safety is the principal consideration; so important indeed that we can conceive of none that can come in competition with it. If this be decided in the affirmative, the controversy is settled; for every other consideration would lead us to the preference of females. But it appears to me that the objections to this are of a most serious nature. Both the character and education of women disqualify them for the office.

I do not intend to imply any intellectual inferiority or incompetency in the sex. My objections are founded rather upon the nature of their moral qualities, than of the powers of their minds, and upon those very qualities, which render them, in their appropriate sphere, the pride, the ornament, and the blessing of mankind.

Women are distinguished for passive fortitude, firmness, &c. to a much greater degree than men; and this whether they are called to endure suffering themselves, or only witness it in others. They bear painful operations in surgery or witness them with a resolution at least equal to that of men. But this is all; their virtues of this kind are wholly passive. They have not that power of action, or that active power of mind, which is essential to the practice of the surgeon. They have less pow-

er of restraining and governing the natural tendency to sympathy, and are more disposed to yield to the expressions of acute sensibility. Where the responsibility in scenes of distress and danger does not fall upon them, when there is some one on whom they can lean, in whose skill and judgment they have entire confidence, they retain their collection and presence of mind; but where they become the principal agents, the feelings of sympathy are too powerful for the cool exercise of judgment. The profession of medicine does not afford a field for the display and indulgence of those finer feelings, which would be naturally called into operation by the circumstances in which a practitioner is placed. Not that a physician should be devoid of these feelings, or that he should attempt to extinguish them, or prevent their operation upon his mind, but they are to be so restrained, modified, and governed, as rather to form a principle of action, an element in the general character, than to be indulged on those particular occasions which have a peculiar tendency to call them into operation.

I do not pretend that there are not exceptions to these remarks, that there are not women qualified, so far as their natural character is concerned, to practise midwifery; but the statement I have made is generally true, and I venture to say it will be felt to be true. But it may be said, that, in the ordinary practice of this branch of the profession, there is no call for these moral qualities; nature is sufficient for her own ends and needs no assistance from art. This is generally true: but it is also true, that

nature is not always sufficient, and that it is necessary to have some attendant to watch her operations and afford assistance when it is demanded. And it requires the same knowledge, the same education, the same mental resources, to determine when this is the case, as afterwards to decide on the course to be pursued.

The nature and progress of the mechanical part of a simple natural labour can be easily explained, and may be comprehended by the most limited understanding. Where then is the danger of trusting these cases, which form allowedly a very large proportion, to the hands of an intelligent and well educated woman? I answer, that it is wrong to look on labour as a mere mechanical process; it is a process in which every part of the system more or less partakes. This is by no means the only thing to be attended to. The local situation of the infant may be every way favourable, and yet the mother may be dying from an affection of some other part of the system. No one can thoroughly understand the nature and treatment of labour, who does not understand thoroughly *the profession of medicine as a whole*. He must look upon it with the eye of a physiologist and a physician before he can comprehend its nature, its relations, or its objects. We should ridicule the man, who pretended to understand the functions of the stomach, if he were ignorant of what concerned all the other organs of the body, or if he should attempt to treat the diseases of the eyes, though ignorant of every first principle of surgery; and why is it not as absurd to expect that an individual shall have a

practical understanding of one of the most important and complicate functions, of which our system is the seat, without any acquaintance with the general laws and principles of action by which it is carried on?

No part of the profession can be practised without an acquaintance with every other part. The surgeon must be a physician, the oculist must be a physician, the accoucheur must be a physician; he must understand the general principles of medical practice, or he cannot be considered adequate to the treatment of the simplest case of labour; for circumstances occur, which not only require other assistance than that of nature, but which cannot be even ascertained to exist, except by a medical practitioner.

And this is perhaps the strongest objection to the employment of female accoucheurs, that we cannot expect them to be possessed of this essential part of their education. It is needless to go on to prove this; it is obvious that we cannot instruct women as we do men in the science of medicine; we cannot carry them into the dissecting room and the hospital; many of our more delicate feelings, much of our refined sensibility must be subdued, before we can submit to the sort of discipline required in the study of medicine; in females they must be destroyed; and I venture to say that a female could scarce pass through the course of education requisite to prepare her, as she ought to be prepared, for the practice of midwifery, without destroying those moral qualities of character, which are essential to the office.

It would be easy, were it not for a desire to avoid entering into any professional details on the present

occasion, to point out many cases in which labour has all the appearance of being natural, and in which circumstances exist, requiring the interference of medical aid; and yet their existence might not even be suspected by a female accoucheur, because they proceed from causes which are not local, but depend upon some of the other functions and operate sympathetically upon the organ in question.

Suppose the very common occurrence in a labour, otherwise perfectly natural, of pains which do not seem to answer any good end, which tease and exhaust, without advancing the object in view; something is to be done; the case is not to be sure dangerous, but the suffering is great, and ought not to be protracted. Now in this case no little delicacy is requisite to determine the cause and point out the remedy. It may proceed from an irritability of the system at large, or of the bowels, or of the organ itself concerned in parturition; it may require to be treated by bleeding, by injections, or by opiates. Can we expect this discrimination of a female accoucheur?

Or suppose a case of more difficulty and importance, the occurrence of hemorrhage before or at the commencement of labour. Now it is known to physicians that this may arise from two causes, from the accidental separation of the placenta, or from its being attached to the mouth of the womb instead of some other part of its surface; that in the former case nature is generally sufficient for her own relief; in the latter, that nothing but the interference of art can preserve the patient; and that, by a difficult operation, of which none but a physician can perceive the necessity or

understand the performance ; an operation, too, which must not be delayed till the system is exhausted by the loss of blood, and unable to sustain the shock it will occasion.

But further, the most serious difficulties may exist, in the management of the patient after delivery. They may be such as require the most prompt and judicious treatment to preserve life, and yet be such as a female would find herself totally inadequate to manage. I have only to refer to the occurrence of hemorrhage or convulsions, to the difficulty sometimes experienced in the extraction of the placenta, and to the dreadful but not unprecedented accident of an inversion of the womb, for exemplifications of cases which may happen during the attendance upon labour itself. But in addition to this we should take into consideration the many accidents which may happen during the puerperal state, the many diseases which occasionally supervene ; and with regard to which it is to be particularly borne in mind, that the only chance for combatting them with success is by resisting their first attacks with the most vigorous remedies. Now all these cases require something more than the mere manual adroitness of an accoucheur ; they have nothing to do with the mechanical part of the process of labour. They require the skill and science of a physician for their management ; and this too at the moment, and on the spot.

It may be thought a sufficient answer to all this, that when such occurrences do take place, a physician may be called in, and thus the advantages of a female accoucheur be preserved, without the risk of life,

which would ensue from her entire management of the case. There is more apparent than real force in this answer. No man, called in on an emergency like those I have mentioned, can be made sufficiently master of the circumstances, to be able at once to do justice to himself or to the patient. Much depends always upon the previous history of the case, the course which the labour has taken, the symptoms which have occurred in the course of it. A moment of hurry and of danger like this, when the fear of a fatal issue is the only object before the eyes of the patient, her friends, or her attendant, is no time for the communication of a long series of facts, no time to enter into the whole details of the labour. And besides this, none but the accoucheur herself is a competent judge when the assistance of a consultation is required; and she will very naturally be desirous to put off as long as possible the moment when she is to acknowledge herself incompetent to the farther management of the case.

We may just suppose the case of puerperal or child bed fever supervening within a few days after delivery. The female practitioner might very innocently protract the calling in of the physician, from overlooking the symptoms of the disease, from confounding them with some of those which so frequently occur in the first few days after confinement, or from not sufficiently estimating their importance. There is a certain appearance, certain occult symptoms, which lurk about a woman frequently for some days before she is formally attacked with puerperal fever, which may be detected by the physician and

guarded against, but would be unnoticed by the accoucheur. And besides this danger that the first attack of the disease will not be met in due season, we are to consider how much connexion the occurrences of the labour may have had in the production of the disease, and how much influence they probably ought to have upon the treatment. It is in vain to say that these may be inquired into and ascertained from the accoucheur; this is not and cannot be satisfactory. There is a certain familiarity with the state of the patient, an insight into the laws by which the changes taking place during her confinement and sickness are governed, an intimate knowledge of the expense of constitutional strength at which the labour has been accomplished, and of the resources the system has yet in reserve, to support it under any farther difficulty, which are only to be acquired by an observation of the entire case. Every physician feels, though I fear none but a physician can be made to understand, how necessary is this view of the whole case to enable him to form his best judgment and give his best advice. Every one must have felt, not only in this, but in every other department of practice, how embarrassing it is to be called in to a case somewhat advanced, the treatment of which has been already commenced, without the advantage which a consultation with the previous physician affords; and even then, unless his attendance be also continued, how difficult it is to keep distinctly in the mind a fair outline of the case connected with the circumstances which occurred at first.

But it is to be observed, I have hitherto argued upon the most disadvantageous ground, for I have admitted the competency of females to the management of the mechanical process of labour, when this is natural. I have so far gone upon the supposition, that they were regularly educated, and had had experience as accoucheurs. But a fairer, and for my purpose, a much stronger ground on which to discuss the question, is upon the bare general principle, of the common introduction of women to the practice of midwifery. I need take no trouble to show that this must be the final result, if the custom be once introduced among the higher circles of society; and if this is the case, is it not obvious that the greater proportion must be unintelligent and poorly educated, or rather not educated at all?

Heretofore, where midwifery has been in the hands of women, they have only practised among the poorer and lower classes of people; the richer and better informed preferring to employ physicians, and this has been the reason why it has not become universal; but if it be again introduced among the rich and influential, it will become fashionable; it will be considered as indelicate and vulgar to employ a physician, and the custom will become general.

Now what man would be willing to confide the practice of midwifery wholly to women? who would be willing to entrust his wife or his daughter in their hands, if there were no possibility of calling for abler assistance in cases of emergency? I venture to say scarce an individual would do it. But we are to examine how the admission of female accou-

cheurs will operate in the end. We have now, it is true, men of ample experience and unquestioned skill on whom we can ultimately depend. But can this last forever? Can it be so with the next generation? It is obvious, if females are employed in the higher classes of society, that in future, those who fill the higher ranks of the profession, and of course practise among these classes, will be destitute of the qualifications on which this reliance ought to be founded. Our successors in the profession, even the younger part of those already on the stage, must be totally ignorant of practical midwifery, and especially of the management of extraordinary cases.

To excellence as an accoucheur, practical tact is an essential requisite. It is impossible without it to be qualified for the management of any case in which there is any thing to do; it is impossible without it to distinguish those few cases in which any thing should be done. It is not enough to understand the anatomy of the parts, their structure, their functions, their relations, &c. ; it is not enough to have clear ideas in the mind of all the steps, the changes and progress of the process of parturition, it is not enough even to understand most thoroughly all the various untoward circumstances which may occur during the labour; the unnatural positions of the infant, or the peculiar formations of the mother. All this is important, very important; but it is nothing to the purpose, without the power of applying it in practice; nothing without *practical tact*. And how is this tact to be acquired? Not by reading or reflection, but by actual personal acquaintance with or-

dinary cases ;—a man must be a universal practitioner in midwifery, before he is qualified for a practitioner in difficult cases. He must have acquired by habit that manual adroitness, that nicety of touch, which can alone give him success. Let a surgeon be called in to a difficult labour in consultation with a woman, when he has not himself been in the practice of midwifery ; let his skill and judgment as a professional man be what they will, let him have every qualification but those which are to be derived from experience in this particular department :—you might as well call in a child ; he will neither be able to tell what the difficulty is, nor how it is to be obviated ; and after all he could no more find his way in the performance of an operation, than if he were blind.

Now does not this very statement of the case determine the question at once ? I ask any fair impartial man, whether, if it be admitted that women cannot be qualified for the management of the extraordinary and dangerous cases, and that the only method of acquiring the power of managing such cases is by attendance on those of common occurrence, it can be safe or expedient to entrust the practice in their hands at all ?

It is in vain to say, that we have nothing to do with the general principle, that the present is a particular case, and will extend no further. It is impossible any man should believe, that when a female has offered herself for practice, has been believed to be competent to her office, and has been received as an attendant among the most respectable families, her example should not be followed, that others should not likewise offer themselves and be employed, that

the fashion should not go down in society till all classes had followed it, and had their practitioners of different degrees of respectability and merit. Something of this effect must at least be produced, and so far as it does extend it must have a most fatal tendency. I can conceive of no situation more horrible than that of a female, especially a young one, about to become a mother, placed under the care of an ignorant accoucheur. Ignorance under these circumstances always displays itself in the desire of doing too much; it is always officious and always presumptuous. The practitioner does not understand the nature, objects, or mechanism of labour; she imagines her office to be that of bringing forward the process in as rapid a manner as possible, and to this end directs all her efforts, unchecked by a regard to the powers or resources of nature, either in the mother or her child. Too confident to imagine herself wrong, she is, between conceit and ignorance, unable to determine when there is danger and when there is not. Her patient dies under her hands, or is reserved to linger out an existence of pain and disease; the infant expires under the grasp of violence, or comes mutilated and disfigured into the world. These must be extraordinary cases no doubt, but they are cases which have happened and will happen, and it is in fact on these that the question turns.

But suppose for a moment, that the practice is not to extend beyond a single individual. If there is any good reason for recommending the employment of a female at all, why restrict the practice? If there is

good reason for employing this one, there is good reason for employing another ; therefore, why employ her at all ? And besides, one cannot last forever, so that her patients must finally return to the employment of physicians, which must become doubly disagreeable from the idea which has been cherished, and will become more powerful, that their employment is indelicate and improper.

And this in fact affords the only argument which can be adduced with any show of plausibility in favour of the employment of females. It is founded on a consideration of the natural delicacy of feeling which is violated by the employment of physicians as accoucheurs. There would certainly be some weight in this taken singly ; but if what has been said is just, it is of little moment. Safety is the first circumstance to be regarded ; every thing else must and will yield to this.

But it is worth while to examine this point a little more closely. I respect as much as any man those nice feelings of delicacy in the sex, on which this argument is founded ; it is upon their preservation that the honour, the dignity, the virtue of the sex depend. There can be no doubt that the attendance of a female must be more grateful to these feelings, and that they must be somewhat wounded at first by the presence of a physician. But is there really any less delicacy of character ? If the indelicacy is not felt till it is suggested, it does not exist. Such have been the customs of society for several generations, that the employment of physicians has been considered as a matter of course. The propriety of

it has not been questioned ; the idea that it was indelicate never seems to have occurred. That it is a sacrifice of feeling we cannot doubt, but it is a sacrifice to safety ; and it is a sacrifice which has no evil influence, leaves no defect upon the character. This is a most important consideration, that the custom has had no effect to lessen the high standard of real female delicacy which has always existed among us. It is a fair test of the question. In no place perhaps in the world is this standard higher, in no place is the female character more pure and elevated, than in this ; yet in no place probably is the employment of male accoucheurs more universal, in no place is the practice of midwifery more safe.

Yet even separately from the practice of midwifery, it becomes absolutely necessary that these feelings should be subdued. For even the ordinary attendance of a physician in female complaints requires at least as great a sacrifice, I think greater, or at least it is more felt, than that in cases of midwifery. Yet this sacrifice they know to be necessary, there is no alternative ; and what has ever been the evil which has arisen from that familiar intercourse between the physician and his patient, which is so necessary to confidence on the part of the latter, and correct judgment on that of the former ? But it is sufficiently obvious, if the employment of female practitioners becomes fashionable, that it will create a fastidious nicety of feeling, which will make it be thought indelicate to suffer the attendance of a physician in any of these complaints. A moment's reflec-

tion will show how extensive an influence this may have upon the health and lives of the sex.

In labour, and in the puerperal state, unused to the presence of any but a female practitioner, entertaining a secret and undefined dread of a physician on such an occasion, the patient, even under circumstances of difficulties and danger, will reluctantly and slowly consent to admit that assistance which is necessary to her preservation. The same feelings will necessarily extend to other cases in which there would be no question that physicians should be consulted. It will produce a disposition to delay calling for their assistance; it will induce them to rely at first on those who have already attended them, with whom they feel familiar, and they will find too late that the sufferings, which are the consequence of ignorance and credulity, are far worse than those inflicted by the infirmities of nature.

I know of nothing which contributes so much to the security of the patient and the satisfaction and happiness of the physician, as the existence of a mutual confidence, let me say affection, between them. Medicine is an arduous and oftentimes painful profession, and one of its highest rewards is in the consciousness of the good will and the kind feelings of our patients. And on the other hand, sickness, which is a heavy infliction, derives perhaps its greatest temporal alleviation from the kind and soothing attentions of a physician. It is not the duty of a medical practitioner merely to pass in cold and distant pomp into the bed chamber of the sick, to be satisfied with the dry formality of a prescription, and

pass out again as indifferent as he entered. The profession has moral relations and moral duties. We should serve our patients with all our heart and soul ; and they should know that we do it not merely because it is our business, or because we expect to be supported or to grow rich by the occupation, but because we feel for their welfare as friends, and as friends will strive for their advantage.

To the existence of these mutual feelings, nothing contributes more than the attendance of physicians in cases of midwifery. The interest excited in these cases is strong. Women seldom forget a practitioner who has conducted them tenderly and safely through parturition—they feel a familiarity with him, a confidence and reliance upon him, which are of the most essential mutual advantage in all their subsequent intercourse as physician and patient. On the other hand, the physician takes a deeper interest and feels a more intimate and personal connexion with those, whom he has attended in this scene of suffering and danger, than with patients of any other description.

It is principally on this account that the practice of midwifery becomes desirable to physicians. It is this which ensures to them the permanency and security of all their other business. There are few men in good practice, especially those who have any inclination for literary pursuits, who would not be glad to relinquish the pecuniary emoluments of this department of business, for the comparative leisure and tranquillity they would enjoy, provided they could at the same time retain all the other advantages derived from this source. Simply in a lucrative

point of view, the reward for our services is by no means an adequate compensation for the labour, the anxiety, the nights of watching and days of painful suspense, which are inevitably entailed upon this practice.

The excitement of improper feelings has been often suggested as an objection to the employment of physicians in this department of practice. That there should be any foundation for this objection, I cannot imagine. If there is any such danger, it must arise from the character of the man, and not necessarily from the circumstances of the case. There will be in our profession, as in all others, men who have no delicacy of feeling themselves, and have of course little respect for that of their patients. But no man I trust, who has any thing of the feelings of a gentleman, any regard for the dignity of his profession, any thing like a moral sense of right and wrong, could infringe in thought, in word, or in deed upon that delicacy, which should ever attach itself to the almost sacred office in which he is engaged. A physician should be a man of probity, of integrity, of most nice sensibilities. He who can for a moment admit into his mind one indelicate or improper thought, is unworthy the confidence which is reposed upon him; he has abused his trust, and has no claim to the office he assumes.

As medical science has improved, it seemed at last to have been settled, that physicians regularly educated could alone be adequate to the exigencies of obstetric practice. This is the opinion held, taught, and defended, by the most eminent lecturers on mid-

wifery in Europe. This is particularly the case with Dr. Haighton of London, and Hamilton of Edinburgh, certainly the two most distinguished teachers in Great Britain. They both reprobate in the strongest terms the introduction of females into the practice, and paint in the liveliest colours the dangers which arise from their inadequacy. The opinion of the profession at large has been expressed in the most unqualified manner. Among ourselves, it is scarcely more than half a century since females were almost the only accoucheurs. It was one of the first and happiest fruits of improved medical education in America, that they were excluded from the practice; and it was only by the united and persevering exertions of some of the most distinguished individuals our profession has been able to boast, that this was effected.

The question really lies between the true and legitimate practitioners of the profession, and ignorant and assuming pretenders. It is a question whether the hopes of society shall be placed in the hands of those who have devoted their lives to the study, and rest their prospects on the success of an arduous and dignified profession, who have a character to acquire or to lose, who are able and willing to bear the responsibility of their office; or in the hands of those who, having neither education nor character, can assume no responsibility. It is of the utmost importance to separate the consideration of the general principle from that of a particular instance. There is in the profession no wish to persecute or oppress an individual; but the interest of an individual is not to be put in competition with the interest of the

profession, or of society at large. The profession in this place have felt an honest pride in its comparative freedom from quackery and empiricism ; there is perhaps no place of equal size and importance, where the practice of medicine has been so secure from the inroads of knavery and imposture. It is now to be determined whether it shall continue so ; whether, when the most rapid advances are making in learning and knowledge, when new opportunities are opening for the cultivation and improvement of medical science, when the members of the profession are becoming better educated and better fitted for its duties, society will choose to go back for half a century, and adopt a practice, which experience has always shown to be unsafe and pernicious.





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